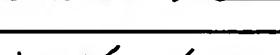# ● PRINTER RUSH ●
(PTO ASSISTANCE)

Application : 10/605904   Examiner : Abebe, D   GAU : 2655

From: _____   Location: IDC FMF FDC   Date: 03-30-05

Tracking #: 06087297   Week Date: 03-16-05

DOC CODE	DOC DATE	MISCELLANEOUS
☐ 1449	_____	☐ Continuing Data
☐ IDS	_____	☐ Foreign Priority
☑ CLM	12/2/2004	☐ Document Legibility
☐ IIFW	_____	☐ Fees
☐ SRFW	_____	☐ Other
☐ DRW	_____	
☐ OATH	_____	
☐ 312	_____	
☐ SPEC	_____	

[RUSH] MESSAGE: Improper Dependency: Original claim 9 depends upon canceled original claim 2. Please Resolve.

Thank You

[XRUSH] RESPONSE: _____

INITIALS: DA

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04